DALHOUSIE UNIVERSITY

*Facilities Management*

# Physician's Certificate of Illness Form

**Section 1: To Be Completed by Employee (Please Print)**

| Employee's Name: | Unit: | Classification: |
|---|---|---|
| Home Address: | | |
| Date Absence Began:<br>DD/MM/YYYY:_____ | Date Absence Ended:<br>DD/MM/YYYY: _____ | |
| Physician's Name: | Address: | Telephone Number: |
| I request the above named physician to complete the information listed below, and I authorize its release to my employer.<br>Signature (Employee): X_____ Date: X_____ | | |

**Section 2: Job Description Information**

**Job Title: 4th Class Power Engineer**

Job Summary:

- Assists Shift Operator in efficient operation of boilers and chillers for maximum performance
- Assists, as required, with ongoing monitoring of Thermal Plant systems and equipment to ensure safety and efficiency (i.e. boilers, chillers, diesel generator, electrical transformer, controls, etc.)
- Assists with maintenance on Thermal Plant systems and equipment to ensure continuous operation
- Cleans up assigned areas of the Thermal Plant
- Performs maintenance tasks as required
- Performs all duties in accordance with the current Nova Scotia Occupational Health & Safety Act, as well as University and Government rules and regulations
- Assists with water treatment control duties, as required
- Completes log sheets on regular scheduled intervals, as directed
- Completes daily, weekly and monthly inspection sheets, as directed
- Energy management through Metasys, as required and directed
- Monitors boiler and chiller controls systems, as directed
- Maintains a clean work environment
- Performs other duties as required

**Physical Demands:**

| Lifting/Carrying | N/A | 0 - 10 lbs. | 11 - 20 lbs. | 21 - 50 lbs. | > 50 lbs. | Frequency |
|---|---|---|---|---|---|---|
| Lifting - Floor to Waist | ☑ | | | | | N/A |
| Lifting - Waist to Shoulder | ☑ | | | | | N/A |
| Lifting - Above Shoulder | ☑ | | | | | N/A |
| Lifting - Carrying | ☑ | | | | | N/A |

**Section 3: To Be Completed by Physician**

I have seen the above named person during the period of his/her absence from work: ☐ Yes ☐ No

The above named person has a diagnosed illness or injury: ☐ Yes ☐ No

Please indicate date and time of office visit(s) Date(s):_____ Time(s):_____

Nature of illness:_____

Could the above named person attend work immediately, or at an earlier date than currently anticipated to perform modified duties? ☐ Yes ☐ No

If yes, when and what accommodations would you recommend?

If no, what is the estimated date of return to work at full time duties or graduated return to work schedule?

Signature (Physician): X_____ Date: X_____

**For patient confidentiality, please submit form to:**

**Nancey Roach, RN, COHN(C)**
**Disability Coordinator**
**Human Resources, Dalhousie University**
**Confidential Fax: (902) 494-7864**
**Phone: (902) 494-4351**